

SCHEDULE A-P **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
CARSON AMERICA

A. Full Name (Last, First, Middle Initial)

ROBERT CARR

Mailing Address **8718 BRADGATE COURT**

City ALEXANDRIA	State VA	Zip Code 22308-2308
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FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

Transaction ID : SA17.942090

Date of Receipt

M M / D D / Y Y Y Y
11 / 16 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)

MR. ROBERT F. CARR SR.

Mailing Address **12 IVY HILL CT**

City COCKEYSVILLE	State MD	Zip Code 21030-1526
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FEC ID number of contributing
federal political committee.

C

Name of Employer
**INFORMATION REQUESTED PER BEST
EFFORTS**

Occupation
**INFORMATION REQUESTED PER BEST
EFFORTS**

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Transaction ID : SA17.828739

Date of Receipt

M M / D D / Y Y Y Y
11 / 03 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

MR. T CARR

Mailing Address **1072 TIMBERWOOD TRAILS DR**

City FLORISSANT	State MO	Zip Code 63031-7531
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FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.00

Transaction ID : SA17.747914

Date of Receipt

M M / D D / Y Y Y Y
10 / 24 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

500.00

Subtotal Of Receipts This Page (optional).....

850.00

Total This Period (last page this line number only).....